



US Youth Soccer

A Proud Member of US Soccer

Affiliated with the Federation International de Football Association



Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Brandon Cup Website URL: www.brandonsoccer.com

Hosting Organization Brandon Area Youth Soccer League Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Sharon McDonald Title Tournament Director Phone (813) -7312620 W

Address 1156 Lumsden Trace Circle Email tournaments@brandonsoccer.com Phone () _____ H

City Valrico State FL Zip Code 33594 Phone () _____ FAX

State Association or Affiliate Florida Youth Soccer Association Guest Referees Applications Accepted Yes No

Location of Tournament or Games Brandon, FL **TEAM ENTRY DEADLINE:** Monday, 1/26/2009

Date(s) of Tournament or Games 2/13, 2/14, 2/15, 2/16/2009 Estimated # of Teams 96

Tournament or Games Director or Contact Person Sharon McDonald Phone (813) 7312620 W

Address 1156 Lumsden Trace Circle Email tournaments@brandonsoccer.com Phone () _____ H

City Valrico State FL Zip Code 33594 Phone () _____ FAX

Age Groups Accepted	Type(s) of Team Accepted	B	G	Roster Size	# Guest Players Allowed	Length of Games	# Players on Field	Awards	Minimum # of Games	Entry Fee	Bond
U- 9 8/1/ 98	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	0	2x25	6	<input checked="" type="checkbox"/>	3	150	<input type="checkbox"/>
U- 10 8/1/ 97	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	0	2x25	6	<input checked="" type="checkbox"/>	3	150	<input type="checkbox"/>
U- 12 8/1/ 95	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15 14	0	2x30	8	<input checked="" type="checkbox"/>	3	225	<input type="checkbox"/>
U- 14 8/1/ 93	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	0	2x35	11	<input checked="" type="checkbox"/>	3	275	<input type="checkbox"/>
U- 16 8/1/ 91	RT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	0	2x40	11	<input checked="" type="checkbox"/>	3	275	<input type="checkbox"/>
U- 10 8/1/ 97	RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	0	2x25	6	<input checked="" type="checkbox"/>	3	150	<input type="checkbox"/>
U- 12 8/1/ 95	RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15 14	0	2x30	8	<input checked="" type="checkbox"/>	3	225	<input type="checkbox"/>
U- 14 8/1/ 93	RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	0	2x35	11	<input checked="" type="checkbox"/>	3	275	<input type="checkbox"/>
U- 16 8/1/ 91	RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	0	2x40	11	<input checked="" type="checkbox"/>	3	275	<input type="checkbox"/>
U- 19 8/1/ 88	RT - U19 will be Coed and All Girls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	0	2x45	11	<input checked="" type="checkbox"/>	3	275	<input type="checkbox"/>

*List of types of teams and tournaments is on reverse side of this form.

- RT RESTRICTED TOURNAMENT - US Youth Soccer Members and Affiliates only.
- Team will be restricted to teams within the national state association Teams will be invited from all US Youth State Associations/Affiliates only.
- UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: _____
- Foreign Teams as listed: _____

The Hosting Organization agrees to be bound by and comply with the terms contained in the TOURNAMENT AND GAMES HOSTING AGREEMENT and all applicable rules of the approving State Association or Affiliate.

Signature of Designated Official of Hosting Organization [Signature]

Date 1-1-09

APPROVAL (For Official Use Only)

STATE ASSOCIATION OR AFFILIATE FLSA

Date 01-20-09

By [Signature]

Title Dir of Prog/Service

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.

1-1-09